

Attachment 5



Mark Gaskill <mark.gaskill@wyo.gov>

Referral - Northwest Wyoming Treatment Center

3 messages

Mark Gaskill <mark.gaskill@wyo.gov>

Fri, Dec 4, 2015 at 1:21 PM

To: Melissa Theriault <melissa.theriault@wyo.gov>

Cc: tisha kilpatrick <tisha.kilpatrick@wyo.gov>

Melissa,

Please see the attached documents. I welcome any question or concerns you may have. Pi looks forward to advancing this case after your review and consideration.

Respectfully,

Mark J. Gaskill
Manager of Quality Assurance and Program Integrity
Wyoming Department of Health
Division of Healthcare Financing
6101 Yellowstone Road, Ste 210
Cheyenne, WY 82002
307-777-2054
Mark.Gaskill@wyo.gov

3 attachments**Allegation of Fraud Referral Form.docx**
38K**Investigation Plan.docx**
37K**Case Précis - Northwest Wyoming.docx**
72K**Melissa Theriault** <melissa.theriault@wyo.gov>

Fri, Dec 4, 2015 at 1:22 PM

To: Mark Gaskill <mark.gaskill@wyo.gov>

Thanks, Mark. Also, Brett, Sharon and Nicole are approved to fly to Powell on the 16th if Medicaid is paying for their seats.

Sincerely,

Melissa R. Theriault, Director
Medicaid Fraud Control Unit
Senior Assistant Attorney General
Wyoming Attorney General's Office
307.777.8084

E-Mail to and from me, in connection with the transaction of public business, is subject to the Wyoming Public Records Act and may be disclosed to third parties.

[Quoted text hidden]

[Quoted text hidden]

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Mark Gaskill <mark.gaskill@wyo.gov>
To: Melissa Theriault <melissa.theriault@wyo.gov>

Fri, Dec 4, 2015 at 1:24 PM

Great. And yes.

Mark J. Gaskill
Manager of Quality Assurance and Program Integrity
Wyoming Department of Health
Division of Healthcare Financing
6101 Yellowstone Road, Ste 210
Cheyenne, WY 82002
307-777-2054
Mark.Gaskill@wyo.gov

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Allegation of Fraud Referral

Provider Information:

Name: Northwest Wyoming Treatment Center		ID #: 41 01	NPI:
Type: Residential Treatment Center		Specialty: Adolescent Substance Abuse Treatment	
Address: 1106 Julie Lane			
City: Powell		State: WY	Zip Code: 82435-1632

Date of Referral: 12/4/2015	Referral Source: Medicaid Program Integrity Preliminary Investigation
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The basis of referral (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> up code/overcharge Medicaid program for services rendered
<input type="checkbox"/> billing for medically unnecessary services
<input type="checkbox"/> billing for brand-name drugs when generic drugs are prescribed
<input type="checkbox"/> unbundling - using multiple billing codes instead of a single billing code in order to increase reimbursement amount
<input type="checkbox"/> billing for services using stolen, deceased, or otherwise inappropriate provider and/or beneficiary id number
<input type="checkbox"/> billing for unlicensed or excluded providers
other contextual errors leading to incorrect/fraudulent billing. | <input type="checkbox"/> billing for services not rendered or performed
<input type="checkbox"/> billing for unlicensed or unapproved drugs
<input type="checkbox"/> billing for short-filling prescriptions, but charging as if the full amount of the medication was dispensed
<input checked="" type="checkbox"/> other: Billing for not covered services under clinic procedures; fabrication of records; |
|--|--|

Describe the allegations, circumstances, and factors:

Medicaid Program Integrity (PI) has reason to believe that Northwest Wyoming Treatment Center may have submitted fraudulent claims for substance abuse services rendered between January 2013 and September 2015. Specifically, PI has reason to believe claims for non-covered services were submitted under clinical procedure codes. Also, PI's preliminary review of records has produced mixed examples of photocopied notes, signatures, and other contextual errors that may have led to incorrect and/or fraudulent billing.

Referral made by: Medicaid Program Integrity	Date: 12/4/2015
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PI Recommendation:

Coordinate detailed investigation with MFCU. See attached Case Summary, and Preliminary Investigation plan for additional details.

Recommendation made by: Mark Gaskill, Manager of Quality Assurance and Program Integrity	Date: 12/4/2015
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PI Determination:

Credible (possible suspension) <input checked="" type="checkbox"/>	Request MFCU Consultation <input type="checkbox"/>
Not Credible (no suspension) <input type="checkbox"/>	(if MFCU advises the allegation is credible, KDHE/DHCF must refer allegation to MFCU within one business day)
Rationale for determination: Preliminary review of existing records appears to lend credibility to the concerns described.	
Designee making determination: Mark Gaskill, Manager of Quality Assurance and Program Integrity	Date: 12/4/2015
Designee making determination:	Date:

Consultation with MFCU – include dates (attach documentation as needed):

Allegation of Fraud Referral

Consultation with MFCU by:

Date:

Good cause not to suspend payments?

Law enforcement officials/MFCU requested an exemption (suspension may jeopardize an investigation)	Y <input type="checkbox"/> N <input type="checkbox"/>
Other available remedies more effectively or quickly protect Medicaid funds (e.g. prepayment review, injunction, termination)	Y <input type="checkbox"/> N <input type="checkbox"/>
The State determines, based upon the submission of written evidence by the provider, that the suspension should be removed (complete Addendum section below)	Y <input type="checkbox"/> N <input type="checkbox"/>
Recipient access to items or services would be jeopardized by a suspension because of:	Y <input type="checkbox"/> N <input type="checkbox"/>
a. The provider is the sole community physician or the sole source of essential specialized services in a community	Y <input type="checkbox"/> N <input type="checkbox"/>
b. The provider serves a large number of recipients	Y <input type="checkbox"/> N <input type="checkbox"/>
Law enforcement/MFCU declines to certify that a matter continues to be under investigation (complete Addendum section below)	Y <input type="checkbox"/> N <input type="checkbox"/>
The State determines that payment suspension is not in the best interests of the Medicaid program	Y <input type="checkbox"/> N <input type="checkbox"/>

Rationale for good cause exemption (attach documentation as needed):

Exemption made by:

Date:

Addendum – documentation of good cause exemption due to written evidence by provider or MFCU declines to certify the matter continues to be under investigation:**Will evaluate any documentation that is received by the provider if reconsideration is requested.**

Individual recording MFCU declining continued investigation:

Date:

Good cause to suspend payment only in part?

Recipient access to items or services would be jeopardized by a suspension because of:	Y <input type="checkbox"/> N <input type="checkbox"/>
a. The provider is the sole community physician or the sole source of essential specialized services in a community	Y <input type="checkbox"/> N <input type="checkbox"/>
b. The provider serves a large number of recipients	Y <input type="checkbox"/> N <input type="checkbox"/>
The State determines, based upon the submission of written evidence by the provider, that the suspension should be imposed only in part (complete Addendum section below)	Y <input type="checkbox"/> N <input type="checkbox"/>
The credible allegation focuses solely and definitively on only a specific type of claim or arises from only a specific business unit of a provider and the State determines and documents in writing that a payment suspension in part would effectively ensure the potentially fraudulent claims were not continuing to be paid –	Y <input type="checkbox"/> N <input type="checkbox"/>
Law enforcement/MFCU declines to certify that a matter continues to be under investigation (complete Addendum section below)	Y <input type="checkbox"/> N <input type="checkbox"/>

Allegation of Fraud Referral

The State determines that payment suspension only in part is in the best interests of the Medicaid program

Y ☐ N ☐

Rationale for good cause exemption (attach documentation as needed):

Exemption made by:

Date:

Addendum – documentation of good cause exemption converting a full suspension to a partial suspension due to written evidence by provider or MFCU declines to certify the matter continues to be under investigation:

Individual recording MFCU declining continued investigation:

Date:

Provider Notification:

Was there a request by law enforcement in writing to delay sending such notice, which may be renewed in writing up to twice and in no event may exceed 90 days? (If there is no request by law enforcement, notification must be made to the provider within 5 days)

Y ☐ N ☐

Effective date of Suspension:

Date of Provider Notification:

Effective for dates of service:

Termination of Suspension (attach documentation):

MFCU declines fraud allegation referral

Y ☐ N ☐

Date:

Authorities discern there is insufficient evidence of fraud upon which to base a legal action

Y ☐ N ☐

Date:

Legal proceedings related to the alleged fraud are completed

Y ☐ N ☐

Date:

Fair Hearing or Court determination that suspension should be terminated

Y ☐ N ☐

Date:

Effective date of Suspension Termination:

Date of Provider Notification:

Calculate the costs avoided due to the payment suspension:

Avoided costs calculated by:

Date:

Additional comments:

Allegation of Fraud Referral

Produced to Terry Harris
Subject to Protective Orders
USDC-WY-19-CR-171-J